

10/739208

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FILE 'HOME' ENTERED AT 08:39:45 ON 09 MAR 2007

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=> s glucocorticoid?

L1 38155 GLUCOCORTICOID?

=> s l1 and review/ti

59589 REVIEW/TI

L2 122 L1 AND REVIEW/TI

=> s l2 and tumor? or ear or neruological?

442945 TUMOR?

23770 EAR

0 NERUOLOGICAL?

L3 23777 L2 AND TUMOR? OR EAR OR NERUOLOGICAL?

=> s l2 and (tumor? or ear or neruological?)

442945 TUMOR?

23770 EAR

0 NERUOLOGICAL?

L4 7 L2 AND (TUMOR? OR EAR OR NERUOLOGICAL?)

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L4 ANSWER 1 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 143:145500 CA

TITLE: Short Review: Glucocorticoid

Receptor Antagonists: New Tools to Investigate

Disorders Characterized by Cortisol Hypersecretion

AUTHOR(S): Peeters, B. W. M. M.; Tonnaer, J. A. D. M.; Groen, M.

B.; Broekkamp, C. L. E.; van der Voort, H. A. A.;

Schoonen, W. G. F. J.; Smets, R. J. M.; Vanderheyden,

P. M. L.; Gebhard, R.; Ruigt, G. S. F.

CORPORATE SOURCE: N.V. Organon, Oss, 5340 BH, Neth.

SOURCE: Stress (Abingdon, United Kingdom) (2004), 7(4),

233-241

CODEN: STREFR; ISSN: 1025-3890

PUBLISHER: Taylor & Francis Ltd.

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Increased cortisol levels have been observed in patients suffering from a number of metabolic and psychiatric disorders. In some of these disorders a causal relationship has been suggested between the increased cortisol secretion and the observed clin. phenomena. Glucocorticoid receptor antagonists which block cortisol effects might have a benefit in both the diagnosis and treatment of these disorders. Selective glucocorticoid receptor antagonists with in vivo potency have not been described thus far, partly due to the similarity between the glucocorticoid and progesterone receptors. In the present studies, we report on three different chemical classes derived from the glucocorticoid/progestagen antagonist RU486. Selected compds. from the classes 11-monoaryl steroids, 11,21-bisaryl steroids and 11-aryl,

16-hydroxy steroids proved to be selective glucocorticoid receptor binders with in vivo antagonistic activity. Most compds. were able to pass the blood-brain barrier. These compds. offer the opportunity to investigate and possibly treat patients with a disturbed hypothalamus-pituitary-adrenal axis without side effects caused by an antiprogesterogenic action.

REFERENCE COUNT: 102 THERE ARE 102 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 2 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 143:57355 CA

TITLE: Role of inflammation in mouse lung tumorigenesis: a review

AUTHOR(S): Malkinson, Alvin M.

CORPORATE SOURCE: Department of Pharmaceutical Sciences, University of Colorado Cancer Center, University of Colorado Health Sciences Center, Denver, CO, USA

SOURCE: Experimental Lung Research (2005), 31(1), 57-82  
CODEN: EXLRDA; ISSN: 0190-2148

PUBLISHER: Taylor & Francis, Inc.

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Peritumoral and intratumoral macrophages are associated with human and mouse lung cancer. The mouse model allows manipulation of the macrophage population to exptl. evaluate its contribution to tumor growth. Genetic and pharmacol. strategies also permit testing the involvement of specific inflammatory mediators in tumor progression. Among those endogenous mediators thus identified are interleukin (IL)-10, glucocorticoids, prostacyclin, nitric oxide, and surfactant apoprotein D (SP-D); serum SP-D levels are a useful biomarker to monitor tumor growth rate. The importance of understanding the mutually antagonistic roles of individual prostaglandins downstream from cyclooxygenase (COX) and how this affects the efficacy of COX-inhibitory drugs is discussed. Promising drug candidates include synthetic glucocorticoids such as budesonide and the sulfone derivative of sulindac, apotosyn.

REFERENCE COUNT: 151 THERE ARE 151 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 3 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 143:53613 CA

TITLE: RhTSH-aided radioiodine ablation and treatment of differentiated thyroid carcinoma: a comprehensive review

AUTHOR(S): Luster, Markus; Lippi, Francesco; Jarzab, Barbara; Perros, Petros; Lassmann, Michael; Reiners, Christoph; Pacini, Furio

CORPORATE SOURCE: Department of Nuclear Medicine, University of Wuerzburg, Wuerzburg, 97080, Germany

SOURCE: Endocrine-Related Cancer (2005), 12(1), 49-64  
CODEN: ERCAE9; ISSN: 1351-0088

PUBLISHER: Society for Endocrinology

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Traditionally, withdrawal of thyroid hormone has been used to attain the increase in serum TSH concns. that are believed to optimize the trapping and retention of radioiodine for diagnostic procedures, thyroid remnant ablation and treatment of patients with differentiated thyroid

cancer (DTC). However, withdrawal frequently causes clin. hypothyroidism, with resultant cognitive impairment, emotional dysfunction, phys. discomfort, health risks in patients who are elderly, frail or have concomitant illness, and impaired quality of life and ability to work. Recombinant human TSH (rhTSH) was developed to provide TSH stimulation without withdrawal of thyroid hormone and the associated morbidity. RhTSH has been approved as an adjunct for diagnostic procedures in patients with DTC, but is currently an exptl. aid in thyroid remnant ablation and the treatment of thyroid tumors. In the period 1997-2004, nearly 30 medical centers worldwide have reported on almost 400 patients with DTC who were given rhTSH in preparation for radioiodine ablation of thyroid remnants or treatment of local tumors of metastatic disease. We have analyzed and summarized the findings reported in this literature. Ablation aided by the standard course of rhTSH, two consecutive daily injections of 0.9 mg, had success rates better than 84% in 90 patients given radioiodine activities in excess of 4000 MBq. However, when 1110 MBq was administered, success rates were 81.2% in 16 patients given the standard course of rhTSH and 4-day withdrawal of thyroid hormone around the time of radioiodine administration in one study, but 54% in 70 patients in another study. RhTSH-aided treatment of persistent or recurrent local or metastatic cancer, or both, with from one to six courses of radioiodine 1000-19055 MBq, achieved 2% complete remission, 36% partial response and 27% disease stabilization rates, for a 65% clin. benefit rate, in 115 primarily elderly, late-stage patients for whom responses were reported. Twelve of these patients died as a result of progressive disease or were discharged from hospital into hospice care. Generally, rhTSH was very well tolerated. However, in a minority of patients with central nervous system, spinal or bone metastases, or bulky thyroid remnant or neck lesions with or without poor pulmonary reserve, administration of rhTSH, like thyroid hormone withdrawal, was found to stimulate expansion of the tumor, with ensuing compression of key anatomical structures and neurol., respiratory or other clin. complications. The rapid onset, response to glucocorticoids and radiol. findings of peritumoral edema or, less commonly, hemorrhage in the published cases, strongly suggest that the tumor expansion was the result of swelling rather than growth. As in the case of thyroid hormone withdrawal, special attention and glucocorticoid premedication are thus warranted when rhTSH is given to patients known or suspected to have the above characteristics. Dosimetric data suggest that whole-body and whole-blood radioiodine clearance may be faster in euthyroid patients after administration of rhTSH. In theory, the faster clearance could allow, or demand, increased radioiodine activities when rhTSH is used, but clin. data to date suggest that this may be unnecessary. The faster clearance also might result in safety or convenience benefits with the use of rhTSH, such as decreased exposure of extrathyroid areas to radiation, and shorter hospital stays. In conclusion, in preliminary results from open-label studies, both rhTSH-aided tumor ablation and treatment have been well tolerated and have shown efficacy in substantial proportions of patients. RhTSH-aided ablation merits further study. RhTSH-aided treatment may be preferred in patients who are at greater risk of hypothyroid complications from withdrawal of thyroid hormone or are unable to produce sufficient endogenous TSH, and warrants addnl. investigation in younger patients at earlier stages of thyroid cancer.

REFERENCE COUNT: 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 4 OF 7 CA COPYRIGHT 2007 ACS on STN  
 ACCESSION NUMBER: 139:239494 CA  
 TITLE: Review article: medical treatment of moderate to severe Crohn's disease

AUTHOR(S): Scribano, M.; Prantera, C.  
 CORPORATE SOURCE: Division of Gastroenterology, Azienda Ospedaliera S. Camillo-Forlanini, Rome, Italy  
 SOURCE: Alimentary Pharmacology and Therapeutics (2003), 17(Suppl. 2), 23-30  
 CODEN: APTHEN; ISSN: 0269-2813  
 PUBLISHER: Blackwell Publishing Ltd.  
 DOCUMENT TYPE: Journal; General Review  
 LANGUAGE: English

AB A review. The treatment for patients with Crohn's disease of moderate to severe activity includes traditional drugs, such as corticosteroids, the primary therapy for these forms of disease, able to induce the remission of symptoms in a high percentage of patients. Because of the side-effects produced by systemic steroids, a new glucocorticoid derivative, budesonide, which acts locally in the mucosa, has recently been introduced with pos. results. On the assumption that intestinal bacteria play a role in the causing Crohn's disease symptoms, antibiotics are often used in the treatment of active phases, as an alternative to or in association with steroids. The most widely employed antibiotics are metronidazole and ciprofloxacin. Immunosuppressors, such as azathioprine and 6-mercaptopurine, are useful for the treatment of chronic active disease and for maintaining remission, but they have only a marginal role in the therapy of an acute flare-up of Crohn's disease. Methotrexate acts more rapidly and its use in patients with active disease resistant to standard therapy is of interest. The discovery of biol. agents represents a new era in the management of patients. To date, infliximab is the more extensively studied biol. therapy in the treatment of Crohn's disease and clin. studies have demonstrated its efficacy in inducing remission of refractory disease.

REFERENCE COUNT: 59 THERE ARE 59 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 5 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 139:239493 CA  
 TITLE: Review article: medical treatment of mild to moderately active Crohn's disease  
 AUTHOR(S): Loeffberg, R.  
 CORPORATE SOURCE: Karolinska Institutet, IBD-unit, HMQ Sophia Hospital, Stockholm, Swed.  
 SOURCE: Alimentary Pharmacology and Therapeutics (2003), 17(Suppl. 2), 18-22  
 CODEN: APTHEN; ISSN: 0269-2813  
 PUBLISHER: Blackwell Publishing Ltd.  
 DOCUMENT TYPE: Journal; General Review  
 LANGUAGE: English

AB A review. Crohn's disease is a chronic, debilitating subset of inflammatory bowel diseases, which may affect any part of the gastrointestinal tract. The most common sites of inflammation are the terminal ileum and/or the colon. Fistulous disease is present in up to 20% of patients, particularly in those having rectal involvement. The etiol. of Crohn's disease still remains obscure, therefore medical therapy is directed towards symptomatic relief in active disease and relapse prevention in the long-term setting. Contemporary Crohn's disease management comprises individual treatment depending mainly on Crohn's disease localization in the gastrointestinal tract and the disease severity. The mainstay of current medical treatment for mild to moderately active stages of Crohn's disease includes aminosalicylates, antibiotics, glucocorticosteroids and immunomodulators. Biologics such as anti TNF-compds. and anti-integrins are being introduced.

REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS

RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 6 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 139:223368 CA

TITLE: Azathioprine and anti-TNF $\alpha$  therapies in Crohn's disease: a review of pharmacology, clinical efficacy and safety

AUTHOR(S): Arnott, Ian D. R.; Watts, David; Satsangi, Jack

CORPORATE SOURCE: University Department of Medical Sciences, Gastrointestinal Unit, Western General Hospital, Edinburgh, EH4 2XU, UK

SOURCE: Pharmacological Research (2003), 47(1), 1-10

CODEN: PHMREP; ISSN: 1043-6618

PUBLISHER: Elsevier Science Ltd.

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Crohn's disease (CD), a chronic relapsing inflammatory condition of the intestines, is a common cause of gastrointestinal morbidity in young people. Although the etiol. of CD is unknown, host, genetic and environmental influences are clearly important. Glucocorticoids remain the mainstay of treatment for active CD, however only two-third of patients will respond and side effects are considerable. Surgery is often undesirable or impracticable and therefore alternative medical strategies have been sought. In recent years, there has been much interest in two areas of IBD therapy-the use of established immunomodulators, and the development of novel biol. therapies. In this review, we have selected two areas of particular controversy-the use of purine analogs (azathioprine (AZA) and 6-mercaptopurine (6-MP)) and the introduction of anti-tumor necrosis factor alpha (TNF $\alpha$ ) therapy and have examined the data for efficacy, safety and tolerability of these medications.

REFERENCE COUNT: 105 THERE ARE 105 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 7 OF 7 CA COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 133:12486 CA

TITLE: Thromboembolic events during chemotherapy for germ cell cancer: a cohort study and review of the literature

AUTHOR(S): Weijl, Nir I.; Rutten, Marc F. J.; Zwinderman, Aeilko

H.; Keizer, H. Jan; Nooy, Marianne A.; Rosendaal,

Frits R.; Cleton, Frans J.; Osanto, Susanne

CORPORATE SOURCE: Departments of Clinical Oncology, Medical Statistics, Leiden University Medical Center, Leiden, 2300 RC, Neth.

SOURCE: Journal of Clinical Oncology (2000), 18(10), 2169-2178

CODEN: JCONDN; ISSN: 0732-183X

PUBLISHER: Lippincott Williams &amp; Wilkins

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Purpose: To evaluate the risk of major thromboembolic complications in male germ cell cancer patients receiving cisplatin-based chemotherapy and to review the literature on this subject. Patients and Methods: One hundred seventy-nine germ cell cancer patients treated between Jan. 1979 and May 1997 in our hospital were analyzed with respect to risk factors for developing thromboembolic events, such as baseline tumor characteristics, prior tumor therapy, administration of cytostatic agents, and the use of antiemetic drugs. The patients were treated with a variety of combination chemotherapy regimens, primarily

10/739208

cisplatin-containing combination regimens. Results: Of the 179 patients, 15 patients (8.4%) were identified who developed a total of 18 major thromboembolic complications in the time period between the start of chemotherapy and 6 wk after administration of the last cytostatic drug in first-line treatment. Of these 18 events, three (16.7%) were arterial events, including two cerebral ischemic strokes, and 15 (83.3%) were venous thromboembolic events, including 11 pulmonary embolisms. One (5.6%) of the 18 events was fatal. Liver metastases (odds ratio, 4.9; 95% confidence interval, 1.1 to 20.8) and the administration of high doses of corticosteroids ( $\geq 80$  mg dexamethasone per cycle; odds ratio, 3.5; 95% confidence interval, 1.2 to 10.3) as antiemetic therapy were identified as risk factors for the development of major thromboembolic complications. Conclusion: Germ cell cancer patients who receive chemotherapy, in particular those who have liver metastases or receive high doses of corticosteroids, are at considerable risk of developing thromboembolic complications.

REFERENCE COUNT: 56 THERE ARE 56 CITED REFERENCES AVAILABLE FOR THIS  
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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STN INTERNATIONAL LOGOFF AT 08:42:25 ON 09 MAR 2007